



The Military Electronic Health Record (EHR)

**AHLTA Update for the
TRICARE Data Quality Training Course
September 2006**



The Military Electronic Health Record (EHR)

Objectives

- **Provide a Brief Overview of AHLTA**
- **Describe Records Review**
- **Demonstrate the Evaluation and Management Calculator**
- **Discuss Known Issues**

Military Health System IM/IT Program Patient Encounter Process



AHLTA Record Audit...

- * **Patient Search**
- * **Patient Select**
- * **Previous Encounter**
- * **Record Selection**
- * **Compare to ADM**



My Computer



CHCSII



Standalone
DDSA (2....



Inbox



Microsoft
Outlook



Network
Neighborhood



Briefs




Recycle Bin



Military Clinical Desktop - Login

Military Clinical Desktop



Please enter your user id and password to login.

User Id:

Password:

SYSTEM LOADING - PLEASE STAND BY...
Getting user security information ...

o Patient Selected>

der List

- Desktop
- Alert Review
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- Telephone Consults
- Search
- Patient List
- Consult Log
- Co-signs
- New Results
- Reports
- Tools
- Sign Orders
- CHCS-I
- Immunizations Admin

Patient Search
✕

Quick Search:

Last Name:

First Name:

DOB:

UIC:

SSN:

FMP:

Sponsor SSN:

Sex:

☐ Find only patients enrolled in this facility.

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hinders

<No Patient Selected>

Folder List

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Reminders

Patient Search

Quick Search:

SSN:

Find

Last Name:

FMP:

New Search

First Name:

Sponsor SSN:

All Patients

DOB:

Sex:

Edit Patient

UIC:

Search CHCS

Patient Details

☐ Find only patients enrolled in this facility.

OK

Cancel

No Patient Selected

Order List

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- Immunizations Admin

Patient Search

Quick Search: SSN:

Last Name: FMP:

First Name: Sponsor SSN:

DOB: Sex:

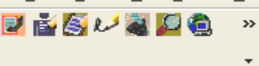
UIC:

☐ Find only patients enrolled in this facility.

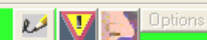
Patient Name	SSN	FMP/Sponsor SSN	DOB	Sex
SUAREZ, BONITA S	000-00-0024	40/454723217	05 Sep 1925	F
SUAREZ, EDUARDO A	454-72-3217	20/454723217	10 Sep 1960	M
SUAREZ, JOSE Q	000-00-0031	03/454723217	21 Jul 2006	M
SUAREZ, MARIA E	626-78-4433	02/454723217	20 Sep 1997	F
SUAREZ, MIGUEL E	444-34-9786	01/454723217	05 Oct 1992	M

5 patients found.

Reminders



SUAREZ, EDUARDO A 201454-72-3217 45yo M LCDR DOB:10 Sep 1960

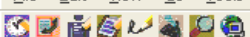


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 - Health History
 - Problems
 - Meds
 - Allergy
 - Wellness
 - Immunizations
 - Vital Signs Review
 - PKC Couplers
 - Readiness
 - Patient Questionnaire
 - Lab
 - Radiology
 - Clinical Notes
 - Previous Encounters
 - Flowsheets
 - Current Encounter
 - Screening
 - Vital Signs Entry
 - S/O
 - A/P
 - Disposition

Reminders

Replete Calcium Counseling



SUAREZ, EDUARDO A 201454-72-3217 45yo M LCDR DOB:10 Sep 1960

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Previous Encounters View last four View All

Date	Status	Primary Diagnosis	Clinic
03 Aug 2006 1740	Needs Co-Signature	HYPERLIPIDEMIA	CHCSII ITT Clinic
17 Jul 2006 1212	Complete	visit for: screening exam lipid disorders	CHCSII ITT Clinic
17 Jul 2006 1212	Complete	DIABETES MELLITUS TYPE II - UNCOMPLICATED, UNCONTROLLED	CHCSII ITT Clinic
29 Jan 2006 2120	Complete	DIABETES MELLITUS TYPE II	CHCSII ITT Clinic

Signed Encounter Documents: 17 Jul 2006 1212 signed by USER, TEST

(1 documents found)

Patient: SUAREZ, EDUARDO	Date: 17 Jul 2006	Appt Type: WI
Facility: CHCSII T Facility	Clinic: CHCSII ITT Clinic	Provider: USER, TEST

AutoCites Refreshed by USER, TEST @ 17 Jul 2006 12:24

Problems

HYPERLIPIDEMIA
DIABETES MELLITUS TYPE II
ESSENTIAL HYPERTENSION

Allergies

Iodine Containing Agents

Screening Written by USER, TEST @ 17 Jul 2006 12:24

Appointment Reason For Visit: Med Refill

Allergen information verified by USER, TEST @ 17 Jul 2006 12:24

Selected Reason(s) For Visit

reason for visit: screening exam lipid disorders (New) Comments:

Vitals

Vitals Written by USER, TEST @ 17 Jul 2006 12:24
BP: 120/80, HR: 80, RR: 12

SO Note Written by USER, TEST @ 17 Jul 2006 12:24

Chief complaint

The Chief Complaint is: Med refill.

Past medical/surgical history

Diagnosis History:

Essential hypertension.
Hyperlipidemia.
Diabetes mellitus

Subjective

Pt is out of his chol medication. Last labs >1 year old.

Physical findings

Vital signs:

• Vital signs: (Reviewed).

AP Written by USER, TEST @ 17 Jul 2006 12:24

1. reason for visit: screening exam lipid disorders

Comments: Schedule appt. with PCM and request PCM refill cholesterol medication to cover patient until visit.

Laboratory:	-LIPID PROFILE (Routine) Result: Result Status:
	-OCC LIVER (Routine) Result: Result Status:
	-HEMOGLOBIN A1C (Routine) Result: Result Status:

Adequate Calcium Counseling

AHLTA E&M Calculator

- * **E&M Calculator for**
 - **Free Text SF600**
 - **Structured Term SF600**

AHLTA

- * **Free Text SF600**

File Edit View Go Tools Actions Help

Refresh Add Note Providers Templates Sign Save As Template Close

SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960

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Date: **07 Aug 2006 1617 EDT** Status: **In Progress** Treatment Facility: **CHCSII ITT Facility**
Primary Provider: **USER, TEST** Type: **ACUT\$** Clinic: **CHCSII ITT Clinic**
Patient Status: **Outpatient**
Reason for Appointment: **Ankle Sprain**

AutoCite...

AutoCites Refreshed by USER, TEST @ 07 Aug 2006 1618 EDT

Problems <ul style="list-style-type: none"> • HYPERLIPIDEMIA • DIABETES MELLITUS TYPE II • ESSENTIAL HYPERTENSION 	Allergies <ul style="list-style-type: none"> • Iodine Containing Agents: Rash
--	--

Screening

Screening Written by USER, TEST @ 07 Aug 2006 1650 EDT
Reason For Appointment: Ankle Sprain
Reason(s) For Visit (Chief Complaint): ANKLE SPRAIN (New);

Vitals

Vitals Written by USER, TEST @ 07 Aug 2006 1650 EDT
BP: 140/80, HR: 67, RR: 16, T: 100 °F, HT: 73 in, WT: 195 lbs, BMI: 25.73, BSA: 2.129 square meters, Tobacco Use: No, Alcohol Use: No, Pain Scale: 8/10 Severe, Pain Scale Comments: Right Ankle

S/D

S/O Note Written by USER, TEST @ 08 Aug 2006 0936 EDT
Chief complaint
The Chief Complaint is: Possible ankle sprain right. Patient has a severe limp
Subjective
Pt reported trauma to his right ankle while playing football with his children last weekend. The pain was moderate at first, then quickly became severe. He stated he is having difficulty walking. The patient has Type I Diabetes which is currently controlled. There is a paternal history of lung cancer
Review of systems
Musculoskeletal symptoms: Ankle joint pain worse with weightbearing
Objective
Patient is demonstrating a limp favoring his right ankle. There is some swelling with 2+ edema around his left ankle. The patient demonstrates pain when required to move his left ankle. Pt complained of some loss of sensation in his lower left leg

A/P

A/P Written by USER, TEST @ 07 Aug 2006 1649 EDT
1. ANKLE SPRAIN RIGHT

Procedure(s):	-Orthopedic Strapping Ankle x 1
Medication(s):	-TYLENOL #3(OR SUBT)--PO TAB - 1PO BID PRN #30 Qt: 30 Rf: 2
Radiology(ies):	-ANKLE, TRAUMA RT (Routine) Impression: R/O fracture

Disposition

Disposition Written by USER, TEST @ 08 Aug 2006 0932 EDT
Released w/o Limitations
30 minutes face-to-face/floor time..

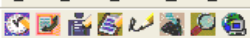
Add Note

Change History

CHANGE HISTORY
The following Vital Signs Entry Was Overwritten by USER, TEST @ 07 Aug 2006 1652 EDT:
Vital Signs Entry by USER, TEST @ 07 Aug 2006 1650 EDT
BP: 140/80, HR: 67, RR: 16, T: 100 °F, HT: 73 in, WT: 195 lbs, BMI: 25.73, BSA: 2.129 square meters, Tobacco Use: No, Alcohol Use: No, Pain Scale: 8/10 Severe, Pain Scale Comments: RIGHT ANKLE

Reminders

Adequate Calcium Counseling



SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960

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 - A/P
 - Disposition

Disposition

Released w/o Limitations

Encounter Context

☐ Related to Injury/Accident?

Billing and Admin

Billing Chief Complaint:

845.00 - ANKLE SPRAIN RIGHT

Appt Class: Outpatient

Admin Options...

Meets Outpt Visit Criteria (Workload)? Yes

Follow Up

☐ PRN When: For Tx:

☐ With PCM In Clinic:

Comments:

Discussed

☐ All Items Discussed

☐ Diagnosis ☐ Potential Side Effects

☐ Medication(s)/Treatment(s) ☐ Alternatives

indicated understanding Comments ...

Time Factor

☐ >50% time spent counseling or coordinating care ☐ Total face to face or floor time in minutes: 30

Calculated Selection Additional E&M Coding

Patient Status: Established Patient

Exam Type: General Multi-System

Reset

Setting: Outpatient

Service Type: Outpatient Visit

HPI	ROS	PFSH	Overall History	Exam	Dx/Mgt Options	Complexity of Data	Overall MDM	Problem Risk	Tests Risk	Mgt Risk	Overall Risk
1 2	1 2 3	1 2	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

Default Calculation: 99211 - Established Outpatient Minimal Service

With User overrides:

Reminders

Adequate Calcium Counseling

SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960

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 - S/D
 - A/P
 - Disposition

Disposition: Released w/o Limitations

Encounter Context

☐ Related to Injury/Accident?

Follow Up

☐ PRN When: For Tx:

☐ With PCM In Clinic:

Comments:

Discussed

☐ All Items Discussed

☐ Diagnosis ☐ Potential Side Effects

☐ Medication(s)/Treatment(s) ☐ Alternatives

indicated understanding Comments ...

Billing and Admin

Billing Chief Complaint: 845.00 - ANKLE SPRAIN RIGHT

Appt Class: Outpatient

Meets Outpt Visit Criteria (Workload)?

Calculated Selection Addition

Patient Status: Established Patient

Setting: Outpatient

Service Type: Outpatient Visit

HPI		ROS			PFSH	
1	2	1	2	3	1	2

Default Calculation: 99211 - Established Outpatient Minimal Service

With User overrides:

Details

Encounter findings

Musculoskeletal

ankle joint pain worse with weightbearing

OK

Cancel

Reset

Overall Risk

SUAREZ, EDUARDO A 201454-72-3217 45yo M LCDR DOB:10 Sep 1960

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 - S/O
 - A/P
 - Disposition

Disposition: Released w/o Limitations

Encounter Context

☐ Related to Injury/Accident?

Billing and Admin

Billing Chief Complaint: 845.00 - ANKLE SPRAIN RIGHT

Appt Class: Outpatient Admin Options...

Meets Outpt Visit Criteria (Workload)? Yes ?

Follow Up

☐ PRN When: For Tx:

☐ With PCM In Clinic:

Comments:

Discussed

☐ All Items Discussed

☐ Diagnosis ☐ Potential Side Effects

☐ Medication(s)/Treatment(s) ☐ Alternatives

indicated understanding Comments ...

Time Factor

☐ >50% time spent counseling or coordinating care ☒ Total face to face or floor time in minutes: 30

Calculated Selection Additional E&M Coding

Patient Status: Established Patient Exam Type: General Multi-System Reset

Setting: Outpatient

Service Type: Outpatient Visit

HPI		ROS		PFSH		Overall History				Exam				Dx/Mgt Options				Complexity of Data				Overall MDM				Problem Risk				Tests Risk				Mgt Risk				Overall Risk			
1	2	1	2	3	1	2	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4							
		1	2	3			1	2			1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4							

Default Calculation: 99211 - Established Outpatient Minimal Service

With User overrides:

Details

Encounter findings	Complexity
sprain of the right ankle	1
orthopedic strapping of the ankle	1

OK Cancel

Reminders

Adequate Calcium Counseling

EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960

Template Manage
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S/O
A/P
Disposition

Disposition

Released w/o Limitations

Encounter Context

☐ Related to Injury/Accident?

Billing and Admin

Billing Chief Complaint:

845.00 - ANKLE SPRAIN RIGHT

Appt Class: Outpatient

Admin Options...

Meets Outpt Visit Criteria (Workload)?

Yes

?

Follow Up

☐ PRN

When

...

For Tx:

...

☐ With PCM

In Clinic:

Comments:

Discussed

☐ All Items Discussed☐ Diagnosis☐ Potential Side Effects☐ Medication(s)/Treatment(s)☐ Alternatives

indicated understanding

Comments ...

Time Factor

☐ >50% time spent counseling
or coordinating care☐ Total face to face or floor
time in minutes:

30

+

-

Calculated

Selection

Additional E&M Coding

Patient Status: Established Patient

Exam Type: General Multi-System

Reset

Setting: Outpatient

Service Type: Outpatient Visit

HPI		ROS			PFSH		Overall History				Exam				Dx/Mgt Options				Complexity of Data				Overall MDM				Problem Risk				Tests Risk				Mgt Risk				Overall Risk			
1	2	1	2	3	1	2	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4

Default Calculation: ☒ 99211 - Established Outpatient Minimal Service

With User overrides:

AHLTA

- ★ **Structured SF600**

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 - A/P
 - Disposition

Reminders

- Adequate Calcium Counseling

Date: **04 Aug 2006 0900 EDT** Status: **In Progress** Treatment Facility: **CHCSII ITT Facility**
 Primary Provider: **USER, TEST** Type: **ACUT\$** Clinic: **CHCSII ITT Clinic**

Patient Status: **Outpatient**
 Reason for Appointment: **Ankle Sprain**
 Appointment Comments: **late adolescence**

AutoCites Refreshed by USER, TEST @ 04 Aug 2006 1118 EDT

Problems • NORMAL ROUTINE HISTORY AND PHYSICAL ADOLESCENT (12 - 18)	Allergies • No Known Allergies
---	--

Screening Written by USER, TEST @ 04 Aug 2006 1010 EDT
 Reason For Appointment: **Ankle Sprain**
 Reason(s) For Visit (Chief Complaint): **CLOSED FRACTURE OF ANKLE RIGHT (New);**

Vitals Written by USER, TEST @ 04 Aug 2006 1010 EDT
 BP: 120/62, HR: 55, RR: 40, T: 38.5 °C, HT: 5' 7", WT: 136 lbs, BMI: 21.3, BSA: 1.716 square meters, Tobacco Use: No, Alcohol Use: No, Pain Scale: 8/10 Severe, Pain Scale Comments: **Right Ankle**
 Comments: **Fell while running.**

S/D **SO Note** Written by USER, TEST @ 04 Aug 2006 1012 EDT
Chief complaint
 The Chief Complaint is: **Possible ankle fracture right**

History of present illness
 The Patient is a 17 year old female.
 • Right ankle soft tissue swelling with black and blue discoloration • Posteromedial right ankle joint swelling

Past medical/surgical history
Reported History:
 Physical trauma: Right ankle trauma with the ankle turned in.

Diagnosis History:
 Open fracture of the right ankle

Therapeutic History:
 Closed treatment of weight bearing distal tibial fracture

Personal history
 Behavioral history: No tobacco use
 Alcohol: No consumption of alcohol

Family history
 Maternal history of:
 Diabetic cataract

Review of systems
Systemic symptoms: Previously well and no illness since last visit. Temperature of 101 F taken at home. No chills. Night sweats.
Pain can be controlled: Pain controlled by rest, pain controlled by medication, and pain controlled by changing position.
Pulmonary symptoms: No dyspnea and no cough.
Endocrine symptoms: Excessive thirst, feeling dehydrated, and generalized muscle weakness.
Skin symptoms: No skin scaling. Erythema.
Musculoskeletal symptoms: No distal right leg soft tissue swelling. No thigh pain, swelling or stiffness and no knee pain, swelling or stiffness. Ankle joint pain worse while standing, while walking, ankle joint stiffness on the right, right foot stiffness, and foot pain in the right foot.
Neurological symptoms: Limping with the right leg.

Physical findings
Vital signs:

Vital Signs/Measurements	Value
Oral temperature	101.4 F
RR	58 breaths/min
Systolic blood pressure in the left arm	120 mm Hg
Blood pressure	
• PR. • Pulse rate while lying down. • Blood pressure. • Diastolic blood pressure in the left arm.	
Pain Level (0-10):	Value
Pain level at rest	5
Pain level with movement	8

File Edit View Go Tools Actions Help

Refresh
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ALEXANDER, MARIE D 02/202-45-5743 17yo F FM: Col DOB:15 Jan 1989

Options

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S/D

A/P

Disposition

Date: 04 Aug 2006 0900 EDT

Status: In Progress

Treatment Facility: CHCSII ITT Facility

Primary Provider: USER, TEST

Type: ACUT\$

Clinic: CHCSII ITT Clinic

Patient Status: Outpatient

No nasal discharge seen. Nasal mucosa normal. Nasal turbinate normal. Upper Airway: normal.

Oral cavity:

Vestibule: Oral vestibule had no mucosal abnormalities.

Pharynx:

Normal.

Neck:

Tenderness of the posterior neck. Not warm. Not fibrous on palpation.

Lungs:

No Kussmaul breathing was observed.

Cardiovascular system

Arterial Pulses: Right posterior tibialis artery pulse was normal. Right dorsalis pedis artery pulse was normal.

Skin:

Cyanosis of the hands and feet. Of the fingers blanched with cold challenge. No excoriation was seen. No ulcer was seen on the metatarsal area of the right foot. No ulcer was seen on the metatarsal area of the left foot.

Assessment Of Injury / Incision Site: Right ankle showed a contusion.

Musculoskeletal system:

Ankle:

Right ankle: Anterior swelling. Swelling on the anterolateral aspect. Ankle was warm. Posteromedial aspect was tender on palpation. Active motion was decreased. Contracture. Pain was elicited by active motion. Pain was elicited by passive motion. Pain was elicited by inversion. Pain was elicited throughout the range of motion. A squeeze test for stress fracture or syndesmosis pathology was positive. Instability. Ankle was tender on ambulation. A Thompson test for achilles tendon rupture was negative.

Foot:

Right foot: Tenderness on palpation of the fifth metatarsal.

Neurological:

Sensation: No decreased response to stimulation by vibration on both legs/feet.

Assessment

Raynaud's disease

Type I diabetes mellitus

A/P

A/P Written by USER, TEST @ 04 Aug 2006 1424 EDT

1. CLOSED FRACTURE OF ANKLE

Procedure(s)

- x 1

- x 1

Radiology(ies):

-ANKLE, TRAUMA RT (STAT) Impression: R/O Fracture

Patient Instruction(s)

-Pain Management By Thermal Techniques

2. DIABETES MELLITUS TYPE I

Procedure(s)

-BLOOD GLUCOSE TEST/REAGENT STRIPS:HOME BLOOD GLUC MON PER 50 x 1

-HOME BLOOD GLUCOSE MONITOR x 1

-URINE TEST/REAGENT STRIPS/TABLETS (100 TABLETS OR STRIPS) x 1

-Diabetes Patient Education - Blood Glucose Monitor Home x 1

Laboratory(ies)

-GLUCOSE AND PROTEIN, URINE (Routine)

3. RAYNAUD'S DISEASE

Medication(s)

-PHENYTOIN (DILANTIN)--PO 30MG CAP - 1 TAB QID Qt: 30 Rf: 3

Consult(s)

-Referred To: CONSULT (SCHEDULED) (Routine) Specialty: METABOLIC DISEASE Clinic: ENDOCRINOLOGY CLINIC Primary Diagnosis: RAYNAUD'S DISEASE

Patient Instruction(s)

-Standard Precautions/Wear Gloves

-Risk Factor Counseling: Water Temperature

4. a fall while running

Disposition

Disposition Written by USER, TEST @ 04 Aug 2006 1625 EDT

Sick at Home / Quarters - for 72 Hours

Follow up: 1 week(s) with PCM and/or in the ORTHOPEDIC clinic or sooner if there are problems.

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Administrative Options: Consultation requested

30 minutes face-to-face/floor time..

Reminders

Add Note

Adequate Calcium Counseling

USER, TEST in CHCSII Test Clinic at CHCSII

ALEXANDER, MARIE D 02/202-45-5743 17yo F FM: Col DOB:15 Jan 1989

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 - A/P
 - Disposition

Disposition: Sick at Home / Quarters 72 Hours

Follow Up: ☐ PRN When: 1 week(s) For Tx: In Clinic: ORTHOPEDIC

Encounter Context: ☒ Related to Injury/Accident? ☐ Patient Pregnant

Discussed: ☒ All Items Discussed ☒ Diagnosis ☒ Potential Side Effects ☒ Medication(s)/Treatment(s) ☒ Alternatives Patient indicated understanding

Billing and Admin: Billing Chief Complaint: 824.8 - CLOSED FRACTURE OF ANKLE

Appt Class: Outpatient Meets Outpt Visit Criteria (Workload)?

Calculated Selection Addition Patient Status: Established Patient Setting: Outpatient Service Type: Outpatient Visit

HPI	ROS	PFSH
1 2	1 2 3	1 2

Default Calculation: 99214 - Estab Outpatient Detailed H&P - Moderate Complexity Decision

With User overrides:

Details

Encounter findings	Count
posteromedial right ankle joint swelling	1
right ankle soft tissue swelling with black and blue discoloration	1

OK Cancel

Reminders

Adequate Calcium Counseling

ALEXANDER, MARIE D 02/202-45-5743 17yo F FM: Col DOB:15 Jan 1989

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 - Disposition

Disposition
Sick at Home / Quarters 72 Hours

Encounter Context
☒ Related to Injury/Accident?
☐ Patient Pregnant

Billing and Admin
Billing Chief Complaint:
824.8 - CLOSED FRACTURE OF ANKLE

Appt Class: Outpatient
Meets Outpt Visit Criteria (Workload)? Yes ?

Calculated Selection

Patient Status: Established

Setting: Outpatient

Service Type: Outpatient

HPI		ROS	
1	2	1	2 3

Default Calculation: 9

With User overrides: 0

Follow Up
☐ PRN When 1 week(s) For Tx:
☒ With PCM In Clinic: ORTHOPEDIC

Discussed
☒ All Items Discussed
☒ Diagnosis ☒ Potential Side Effects
☒ Medication(s)/Treatment(s) ☒ Alternatives
Patient indicated understanding Comments ...

Time Factor
☐ >50% time spent counseling or coordinating care ☒ Total face to face or floor time in minutes: 30

Details

Encounter findings

Constitutional Symptoms
previously well
no illness since last visit
temperature of 101 F taken at home
no chills
night sweats

Respiratory
no dyspnea
no cough

Musculoskeletal
no distal right leg soft tissue swelling

OK Cancel

Mgt Risk				Overall Risk			
1	2	3	4	1	2	3	4

Reminders

- Adequate Calcium Counseling
- Anti-Tobacco Counseling

ALEXANDER, MARIE D 02/202-45-5743 17yo F FM: Col DOB:15 Jan 1989

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 - Disposition

Disposition

Sick at Home / Quarters 72 Hours

Encounter Context

- ☒ Related to Injury/Accident?
- ☐ Patient Pregnant

Billing and Admin

Billing Chief Complaint:

824.8 - CLOSED FRACTURE OF ANKLE

Appt Class: Outpatient Admin Options...

Meets Outpt Visit Criteria (Workload)? Yes

Calculated Selection Additional E&M

Patient Status: Established Patient

Setting: Outpatient

Service Type: Outpatient Visit

HPI	ROS	PFSH	Overall
1 2	1 2 3	1 2	1 2

Default Calculation: 99214 - Estab Outpatient Detailed H&P - Moderate Complexity Decision

With User overrides:

Follow Up

☐ PRN When 1 week(s) For Tx:

☒ With PCM In Clinic: ORTHOPEDIC

Comments:

Discussed

- ☒ All Items Discussed
 - ☒ Diagnosis
 - ☒ Medication(s)/Treatment(s)
 - ☒ Potential Side Effects
 - ☒ Alternatives
- Patient indicated understanding

Time Factor

>50% time spent counseling Total face to face or floor

Details

Encounter findings	Body
Family History	Family history
maternal history of diabetic cataract	Family history
Past Medical History	Prior medical
right ankle trauma with the ankle turned in	Prior medical
a fall while running	Prior medical
history of open fracture of the right ankle	Prior medical
history of closed treatment of weight bearing distal t...	Prior medical
Social History	Social history
no tobacco use	Social history
no consumption of alcohol	Social history

OK

Cancel

Reset

Overall

Risk

2 3 4

Reminders

- Adequate Calcium Counseling
- Anti-Tobacco Counseling

ALEXANDER, MARIE D 02/202-45-5743 17yo F FM: Col DOB:15 Jan 1989

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- Disposition

Disposition

Sick at Home / Quarters 72 Hours

Encounter Context

☒ Related to Injury/Accident?
☐ Patient Pregnant

Billing and Admin

Billing Chief Complaint:

824.8 - CLOSED FRACTURE OF ANKLE

Appt Class: Outpatient Admin Options...

Meets Outpt Visit Criteria (Workload)? Yes ?

Calculated Selection Additional E&M Coding

Patient Status: Established Patient Exam Type

Setting: Outpatient

Service Type: Outpatient Visit

HPI	ROS	PFSH	Overall History	Exam	Dx/Mgt Options	Complexity of Data	Overall MDM	Problem Risk	Tests Risk	Mgt Risk	Overall Risk
1 2	1 2 3	1 2	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

Default Calculation: 99214 - Estab Outpatient Detailed H&P - Moderate Complexity Decision

With User overrides:

Follow Up

☐ PRN When 1 week(s) For Tx:

☒ With PCM In Clinic: ORTHOPEDIC

Comments:

Discussed

☒ All Items Discussed

☒ Diagnosis ☒ Potential Side Effects

Details

CMS body system	Bullets	Met
Constitutional	2:2	Yes
Ears, Nose, Mouth and Throat	4:6	No
Eyes	1:3	No
Female Genitourinary	0:6	No
Gastrointestinal (Abdomen)	0:5	No
Lymphatic	0:4	No
Musculoskeletal	4:26	No
Neck	1:2	No
Neurologic	1:3	No
Psychiatric	0:4	No
Respiratory	1:4	No
Skin	2:2	Yes

OK

Cancel

Reminders

Replete Calcium Counseling

Anti-Tobacco Counseling

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Reminders

- Adequate Calcium Counseling
- Anti-Tobacco Counseling

Disposition
Sick at Home / Quarters 72 Hours

Encounter Context

☒ Related to Injury/Accident?

☐ Patient Pregnant

Billing and Admin
Billing Chief Complaint:
824.8 - CLOSED FRACTURE OF ANKLE

Appt Class: Outpatient Admin Options...

Meets Outpt Visit Criteria (Workload)? Yes ?

Follow Up

☐ PRN When 1 week(s) For Tx:

☒ With PCM In Clinic: ORTHOPEDIC

Comments:

Discussed

☒ All Items Discussed

☒ Diagnosis ☒ Potential Side Effects

☒ Medication(s)/Treatment(s) ☒ Alternatives

Patient indicated understanding Comments ...

Time Factor

☐ >50% time spent counseling or coordinating care ☒ Total face to face or floor time in minutes: 30

Calculated Selection Additional E&M Coding

Patient Status: Established Patient Exam Type: General Multi-System

Setting: Outpatient

Service Type: Outpatient Visit

HPI	ROS	PFSH	Overall History	Exam	Dx/Mgt Options	Complexity of Data	Overall MDM	Problem Risk	Tests Risk	Mgt Risk	Overall Risk
1 2	1 2 3	1 2	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

Default Calculation: 99214 - Estab Outpatient Detailed H&P - Moderate Complexity Decision

With User overrides:

Details

Encounter findings	Complexity
type I diabetes mellitus	3
Raynaud's disease	2
type I diabetes mellitus	3
closed fracture of the ankle	2
Raynaud's disease	2

OK Cancel

Known Issues

- * **AHLTA and ADM**
- * **AHLTA Codes**
- * **How to Resolve**

AHLTA and ADM...

- * **We've had some growing pains**
 - **Multiple reasons**
 - **Midtier file being inappropriately placed**
 - **End User documenting injury after the date of the encounter**
 - **Link to transfer codes from AHLTA to CHCS is not always set correctly at the facility level**
 - **Codes in AHLTA do not match codes in CHCS**

AHLTA Codes

- * **Issues have been identified with ICD-9**
 - **Incomplete codes, missing 4th and 5th digits**
 - **Verbiage is incorrect**
- * **Evaluation and Management Codes**
 - **Calculator works great with structured documentation**

How to Resolve

*** First Step**

- **Gather detailed information (screen shots, reports, identifiers to locate record for research.**

*** Second Step**

- **Call local help desk to log Trouble Ticket**
 - **Be prepared to give additional information and / or screenshots**
- **Identify if it is a Patient Safety Issue**
 - **Patient safety issues expedite the Trouble Ticket process.**

*** Third Step**

- **Forward patient safety issue to local users and command as informational broadcast (until it can be fixed)**



Questions?